

Health Care Regulation Committee

**Wednesday, October 19, 2005
10:15 AM - 12:00 PM
212 Knott Building**



House of Representatives

Committee on Health Care Regulation

A G E N D A

October 19, 2005
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- I. Opening Remarks by Chair Garcia
- II. Introduction of the new Secretary for the Department of Health
 - Dr. M. Rony Francois, M.D., M.S.P.H., Ph.D.
- III. Presentation on Methamphetamines in Florida
 - Mr. James McDonough, Director
Florida Office of Drug Control
- IV. Presentation on handling constituent questions regarding Medicare Part D,
Prescription Drug Coverage
 - Mr. John Chreno, Statewide Coordinator
SHINE Program
Department of Elder Affairs
- V. Closing Remarks by Chair Garcia
- VI. Adjournment



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

FLORIDA DEPARTMENT OF HEALTH

**M. Rony François, M.D., M.S.P.H, Ph.D.
Secretary**

Introduction

Dr. François assumed his role as Secretary of the Florida Department of Health on September 19. Dr. François is the first Haitian-American to head Florida's principal public health agency.

Dr. François, 47, has a long academic career and a wealth of experience in public health policy, research and environmental toxicology. He most recently served as an Assistant Professor at the University of South Florida's College of Public Health where he directed the public health practice program and was the CHD Meridian Medical Director at Citigroup.

Dr. François was born in Port-au-Prince, Haiti and is fluent in French and Creole. He immigrated to Florida in 1979 to pursue his education. Dr. François is married and has two children.

In addition to his medical degree, Dr. François holds a Master of Arts degree in Exercise Physiology, a Master of Science degree in Public Health and a Ph.D. in Toxicology/Public Health.

Dr. François looks forward to continuing the progress Governor Bush's administration has made in strengthening community partnerships, advancing healthcare for children and minorities and reducing the incidence of chronic disease. Dr. François has a depth of knowledge of public health policy and intends to be a strong advocate for providing quality health services for all Floridians. Dr. François welcomes the opportunity to work closely with the Florida Legislature to achieve these goals.

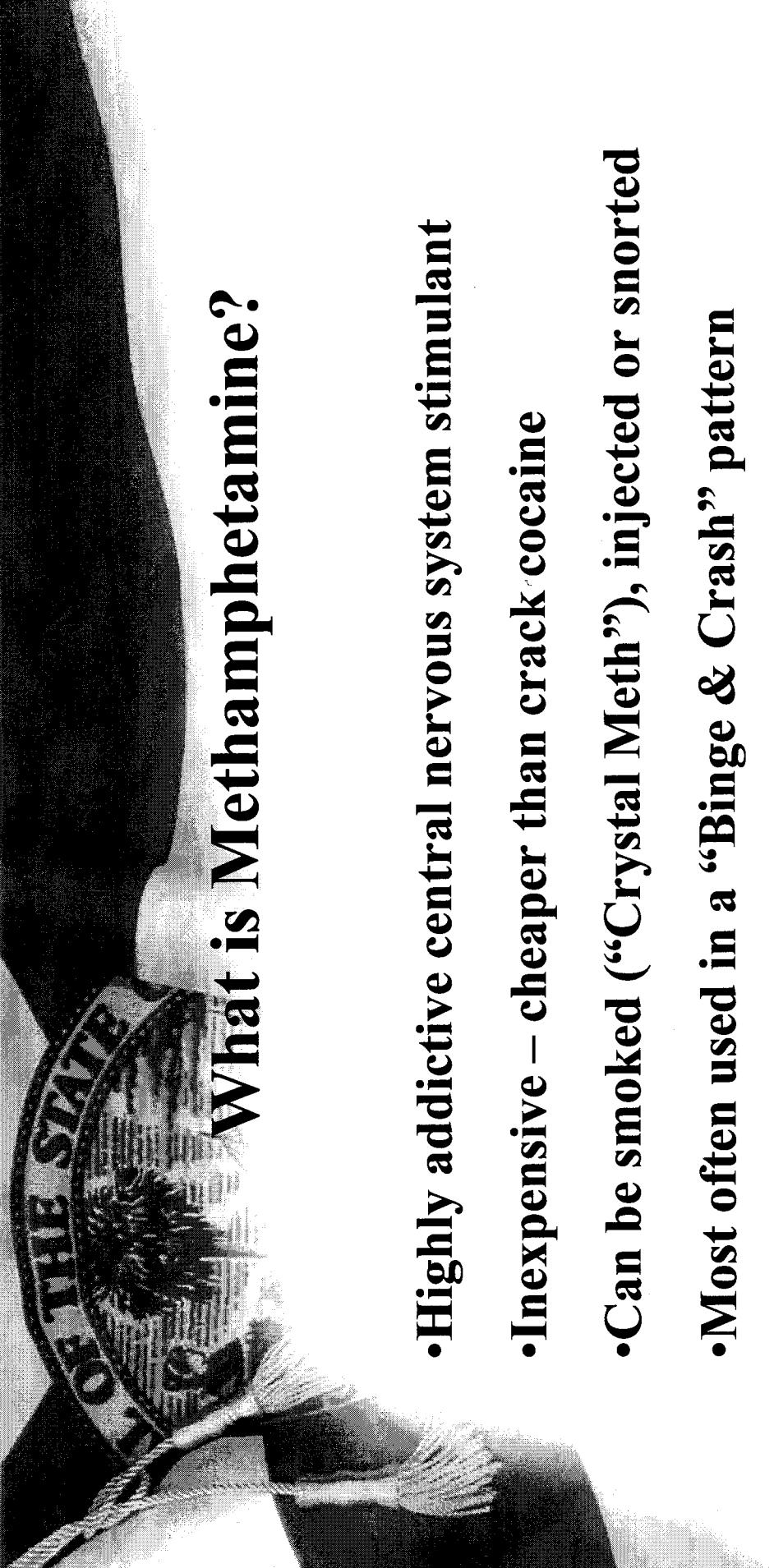
Methamphetamine:

The Problem in Florida and the Policy Response



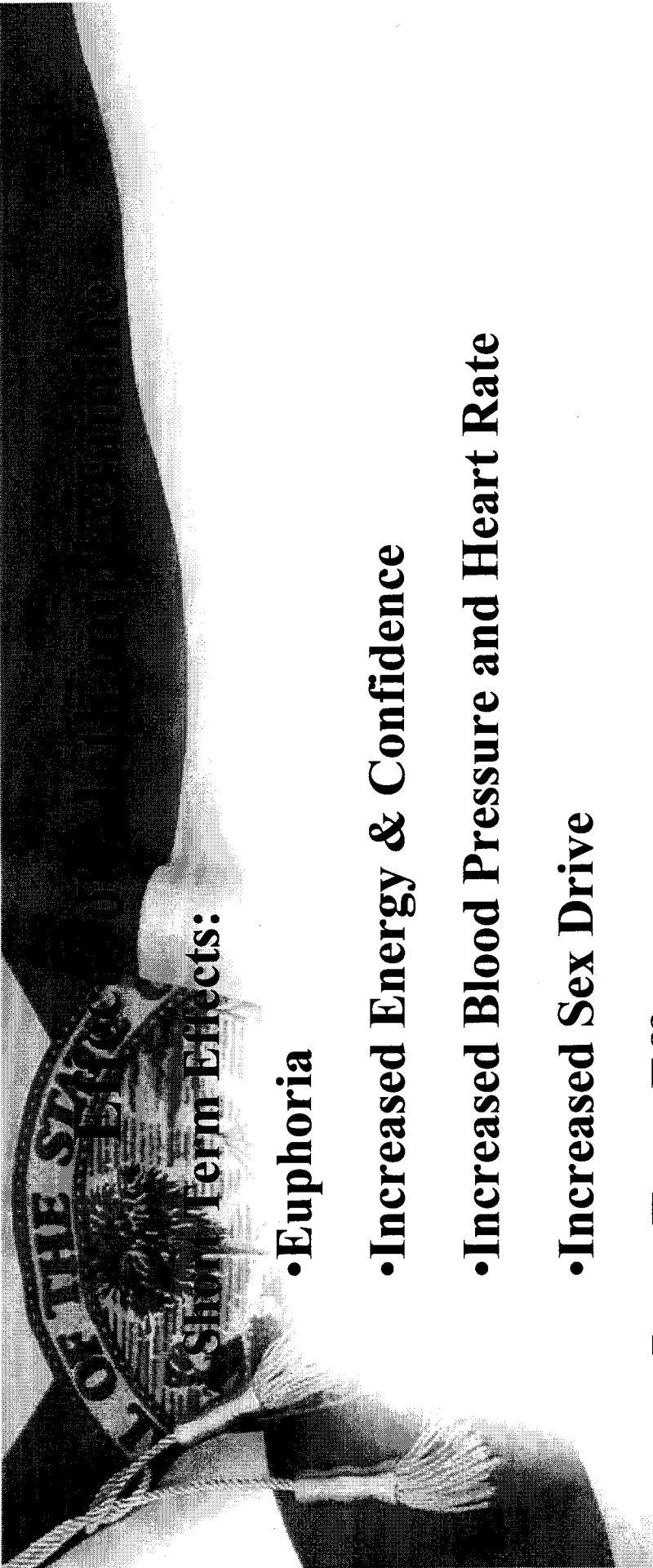
Presentation to the House Committee on Health Care Regulation

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What is Methamphetamine?

- Highly addictive central nervous system stimulant
- Inexpensive – cheaper than crack cocaine
- Can be smoked (“Crystal Meth”), injected or snorted
- Most often used in a “Binge & Crash” pattern
- Tolerance for Meth occurs within minutes, users then try to maintain high
- The “Walk Away” drug



Short Term Effects:

•Euphoria

- Increased Energy & Confidence

- Increased Blood Pressure and Heart Rate

•Increased Sex Drive

Long Term Effects:

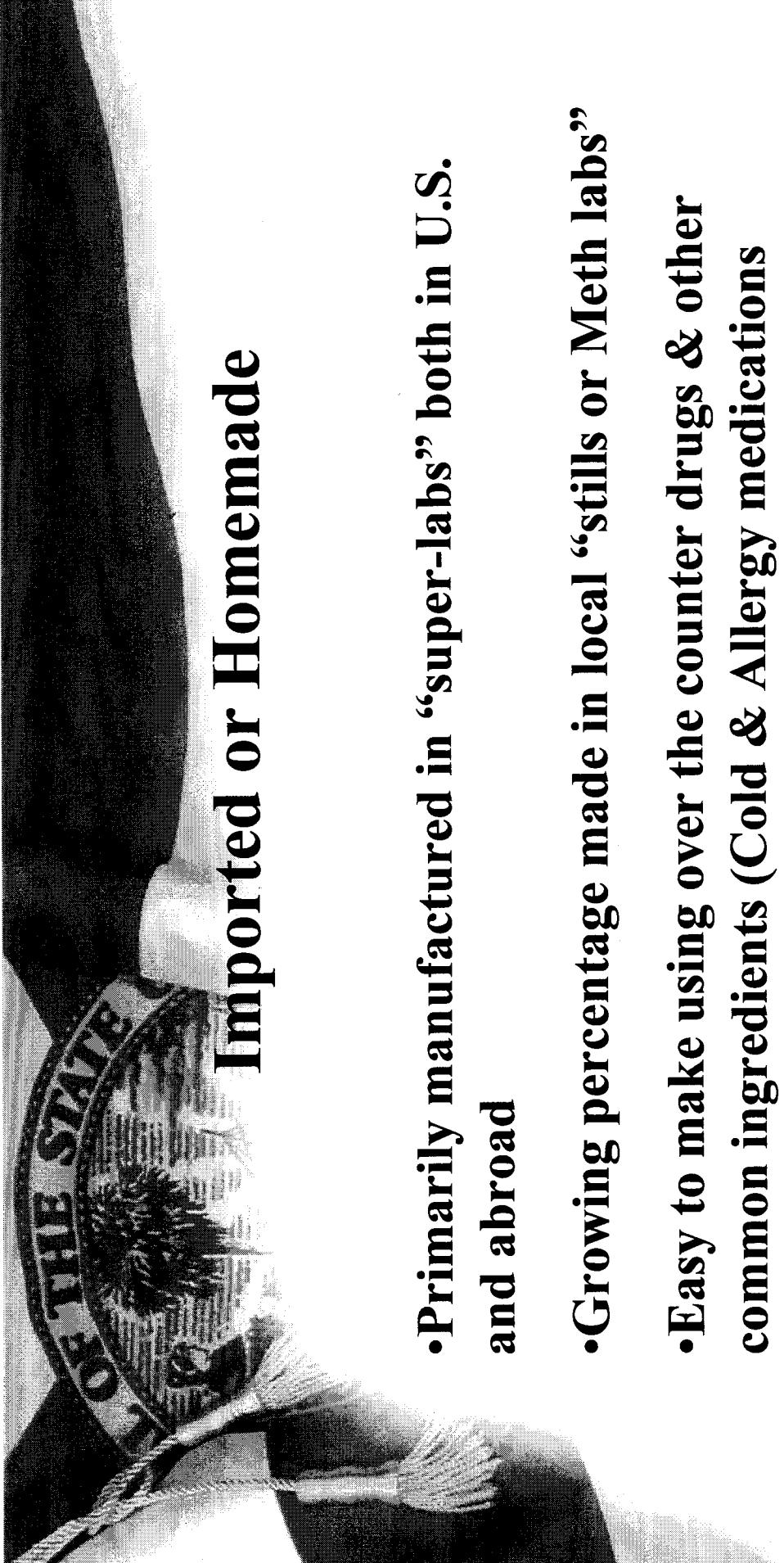
- Paranoia/Hallucinations

- Mood Disturbances

- Stroke

- Severe behavioral abnormalities

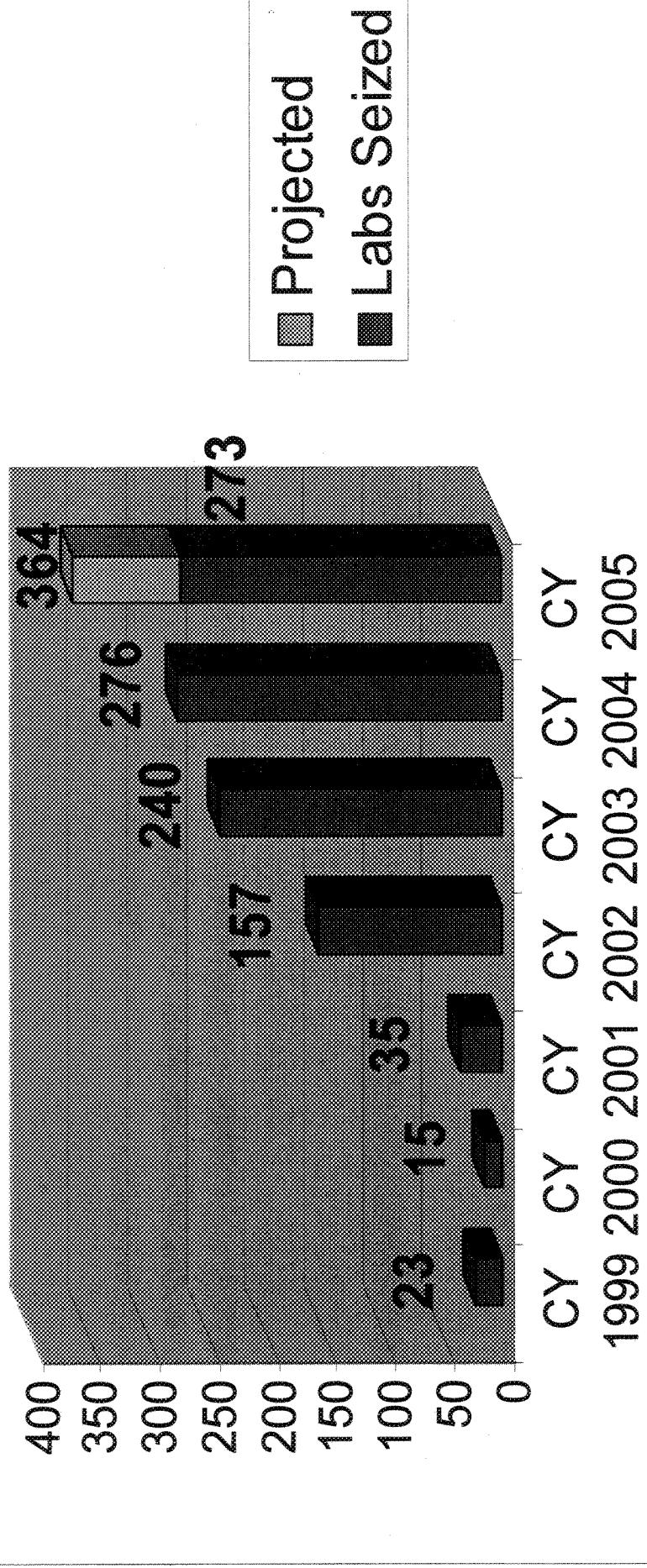
- “Meth Mouth”

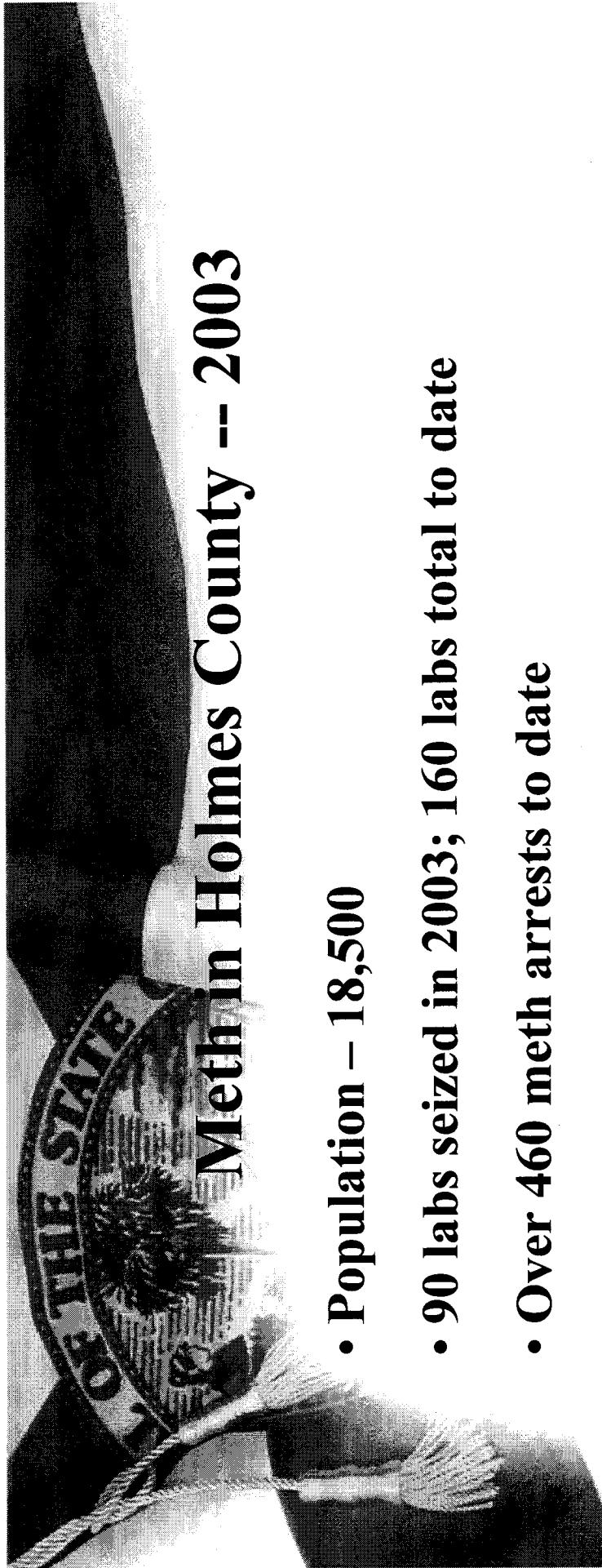


Imported or Homemade

- Primarily manufactured in “super-labs” both in U.S. and abroad
- Growing percentage made in local “stills or Meth labs”
- Easy to make using over the counter drugs & other common ingredients (Cold & Allergy medications containing Ephedrine or Pseudoephedrine, Hydrochloric Acid, Drain Cleaner, Battery Acid, Lantern Fuel, Antifreeze)
- Recipes for Meth on thousands of Internet sites

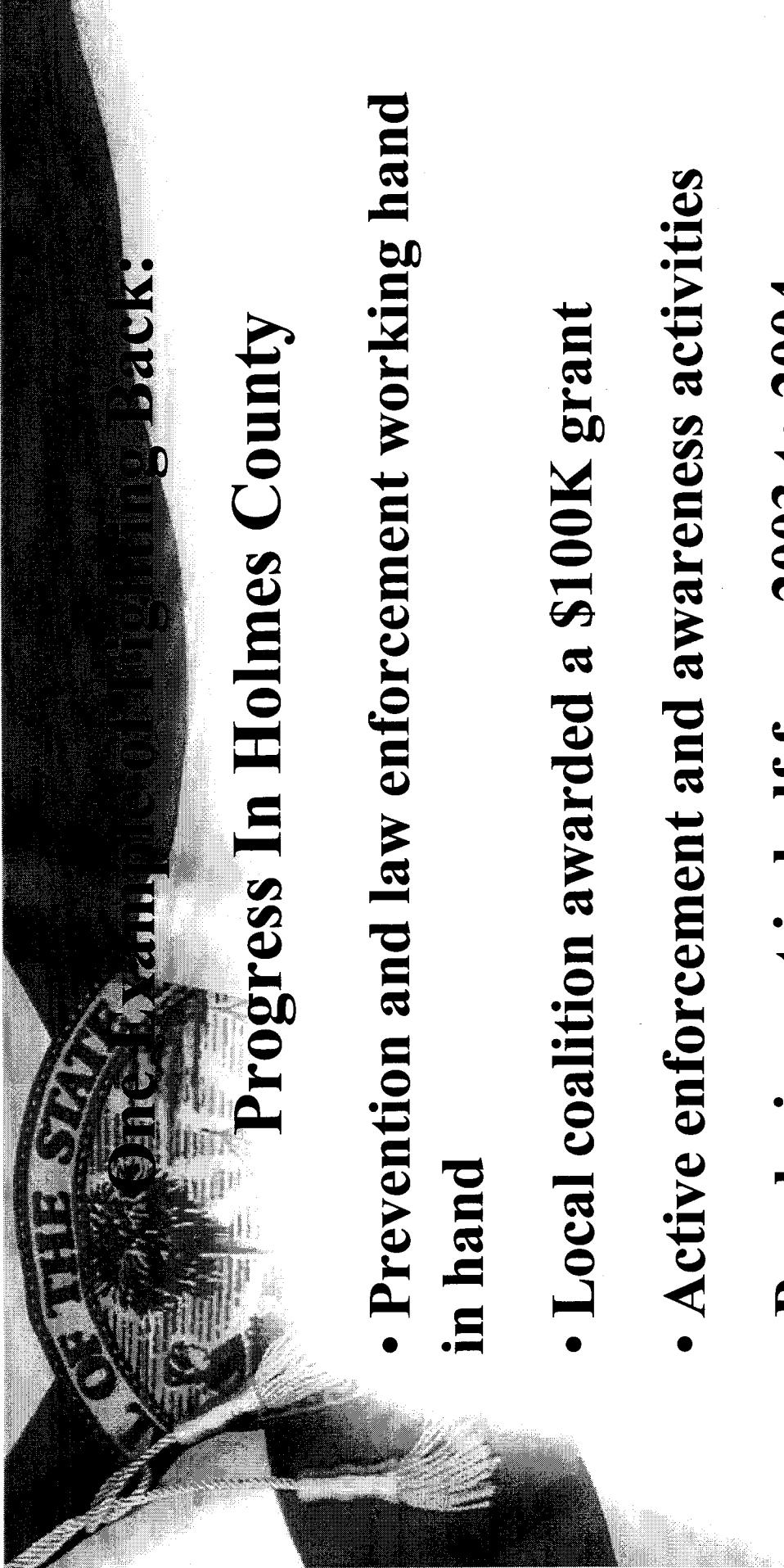
Labs Seized in Florida





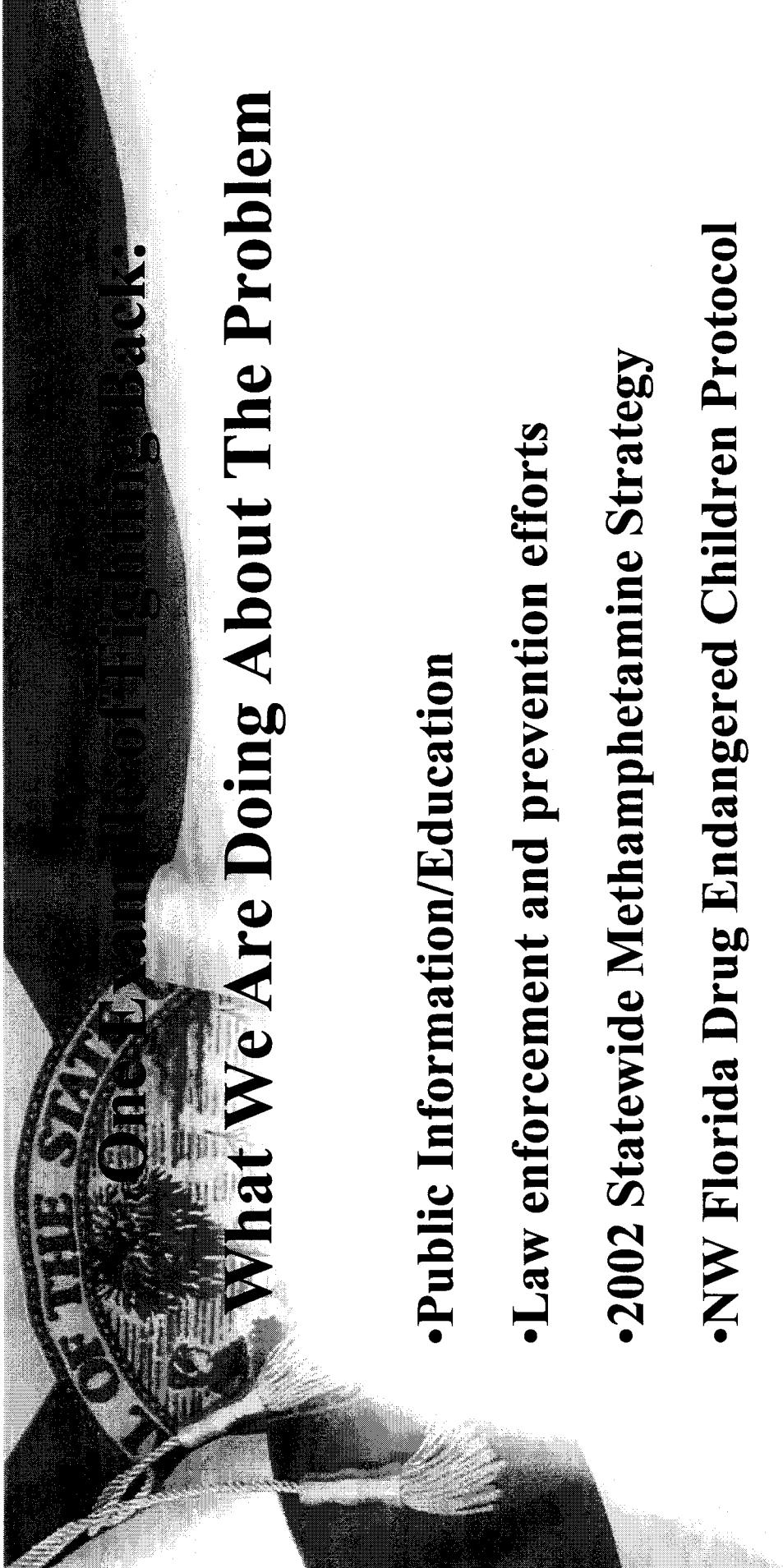
Meth in Holmes County -- 2003

- Population – 18,500
- 90 labs seized in 2003; 160 labs total to date
- Over 460 meth arrests to date
- 120-bed jail at or above capacity in 2003 with 90% of inmates on drug-related charges
- 80% of the labs seized had children present
- More than half of the children in foster care due to meth
- 2002 FYSAS -- 5% of HS students current meth users – more than 4 times current use anywhere else in the state



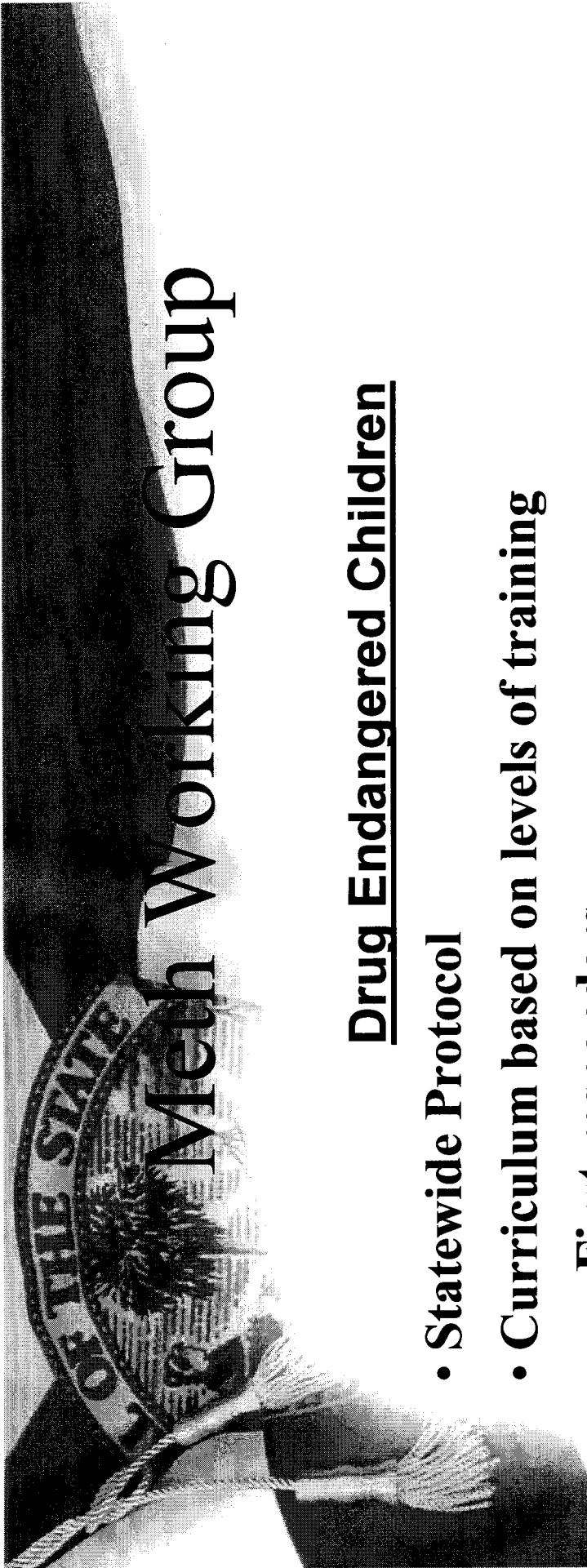
Progress In Holmes County

- Prevention and law enforcement working hand in hand
- Local coalition awarded a \$100K grant
- Active enforcement and awareness activities
- Burglaries cut in half from 2003 to 2004
- 2004 FYSAS -- less than 1% of HS students current meth users "Approaching Zero"



What We Are Doing About The Problem

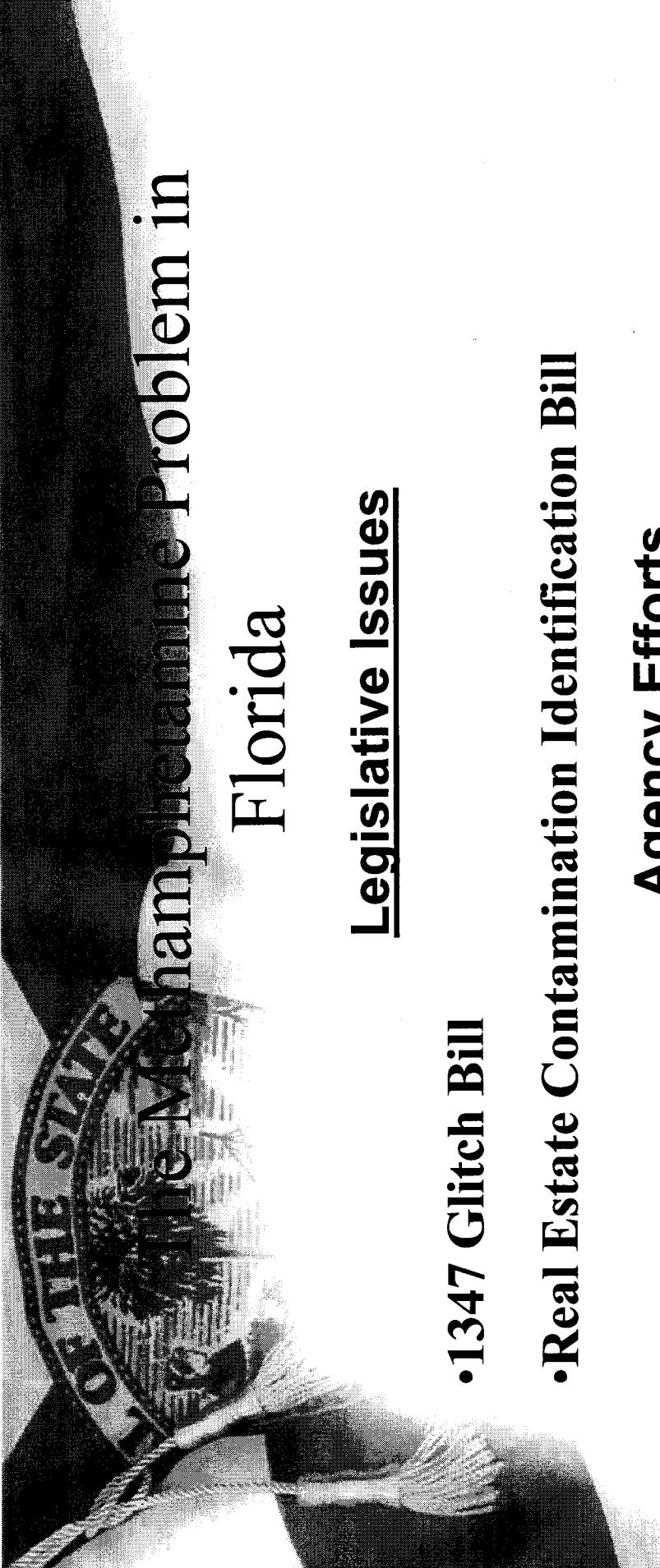
- Public Information/Education
- Law enforcement and prevention efforts
- 2002 Statewide Methamphetamine Strategy
- NW Florida Drug Endangered Children Protocol
- F.S. 893.315 (HB 1347)
- Florida Statewide Methamphetamine Working Group
- Training for First Responders & Child Protective Services



MICHIGAN WORKING GROUP

Drug Endangered Children

- Statewide Protocol
- Curriculum based on levels of training
 - First responders
 - Child Protective Services
 - Caseworkers
 - Prosecutors
- Organized by Judicial Circuit



Michigan Phosphate Problem in Florida

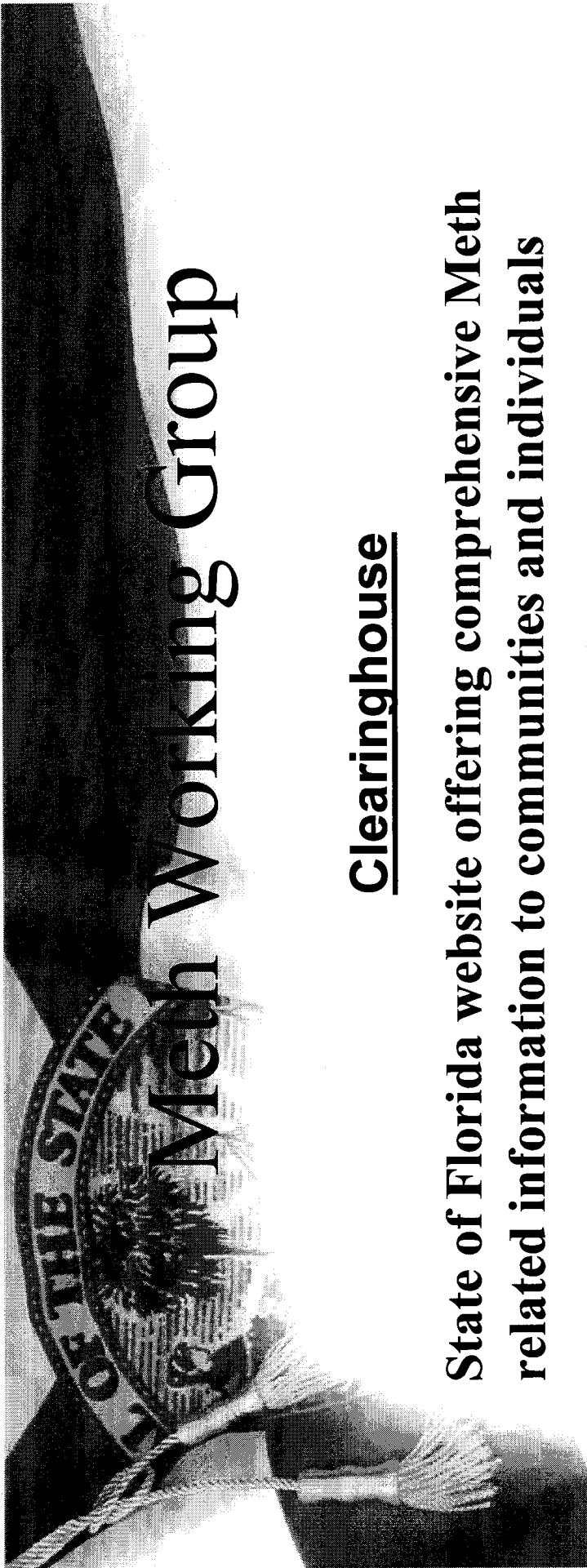
Legislative Issues

- 1347 Glitch Bill**

- Real Estate Contamination Identification Bill**

Agency Efforts

- DCF/DOH – Drug Endangered Children training**
- DBPR – Disclosure policies**
- DOH – Remediation Standards**
- FDLE – Streamline Law Enforcement Operations**



Meth Working Group

Clearinghouse

State of Florida website offering comprehensive Meth related information to communities and individuals

- Web based DEC training component
- Community coalition “toolkit”
- Meth related treatment links

Methamphetamine:

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IF YOU WANT TO KNOW MORE

Medicare Prescription Drug Coverage



Medicare & You

Medicare is a health insurance program for:

- People age 65 or older
- People under age 65 with certain disabilities
- People of all ages with End-Stage Renal Disease (permanent kidney failure)

Beginning January 1, 2006, Medicare will offer prescription drug coverage. Most people will be able to get this coverage through Medicare prescription drug plans. Medicare will also work with employers and unions to ensure that people who currently receive drug coverage through their former employer or union can continue to do so.

Starting November 15, 2005, all people with Medicare can enroll in a plan that covers prescription drugs. Medicare will work with insurance companies and other private companies to offer these drug plans. The companies will negotiate discounts on drug prices on behalf of the people who enroll. Every person with Medicare will have a choice of at least two drug plans that cover both brand-name and generic drugs. There will be extra help for those who need it most.

Medicare is a health insurance program for:

- You are in fee-for-service Medicare and want Medicare prescription drug coverage, you will need to sign up for a prescription drug plan. These plans may vary in coverage. Generally, standard coverage works like this:

- You pay a \$250 deductible
- You pay 25% of drug costs from \$250 to \$2,250; Medicare will pay 75 percent
- You pay 100% of drug costs from \$2,250 to \$5,100
- After your total drug costs reach \$5,100 and you have paid \$3,600 in out-of-pocket costs, you pay only 5% of any costs above \$5,100. Medicare will pay the other 95 percent

In most cases, if you are enrolled in a Medicare Advantage Plan, (like an HMO or PPO), you will receive your Medicare prescription drug coverage through that plan.

Medicare will provide information about Medicare prescription drug plans, including how to choose and join a plan. In the fall of 2005, Medicare will mail you the *Medicare & You 2006* handbook, which will list the Medicare prescription drug plans available in your area.

MEDICARE PRESCRIPTION DRUG COVERAGE

Basics

Medicare prescription drug plans provide insurance coverage for prescription drugs. Like other insurance, if you join, you will pay a monthly premium, generally about \$37, plus a share of the cost of your prescriptions. Costs may be different depending on the drug plan you choose.

Drug plans may vary in the prescription drugs covered, how much you have to pay, and the pharmacies you can use. All drug plans will have to provide at least a standard level of coverage, which Medicare will set. However, some plans may offer more coverage and additional drugs for a higher monthly premium. When you join a drug plan, it's important for you to choose one that meets your needs. Some employers or other third parties may offer coverage that supplements the standard coverage.

In the summer of 2005, the Social Security Administration will send people with limited incomes information about how to apply for this extra help. If you think you qualify, you can apply with Social Security as early as summer 2005.

Eligibility and Enrollment

If you have Medicare Part A and/or Part B, you can join a Medicare prescription drug plan between November 15, 2005, and May 15, 2006. If you join by December 31, 2005, your Medicare prescription drug coverage will begin on January 1, 2006. If you join after that, your coverage will begin the first day of the month after the month you join.

To enroll in a plan, you must live in the plan's service area. You can enroll directly in a plan, or someone else can help you enroll. The plan will notify you if your application is accepted or not.

It is important that you join a Medicare prescription drug plan when you are first eligible. Medical practice has come to rely more and more on new drug therapies to treat chronic conditions, and out-of-pocket spending on drugs has increased dramatically. Most people with Medicare currently need or will come to need prescription drugs to stay healthy. Medicare prescription drug coverage will protect you from high out-of-pocket costs. For most people, joining when you are first eligible means that you will pay a lower monthly premium than if you wait to join later.

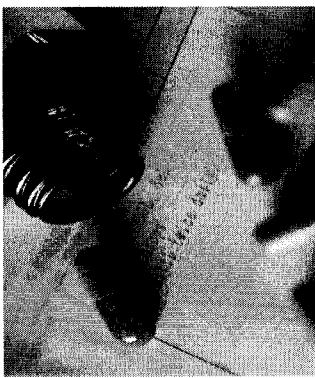
After May 15, 2006, you can enroll in a plan, drop a plan, or change plans only during the period November 15 through December 31 each year, except in certain situations. If you want to stay in the plan you are currently enrolled in for the next year, you don't have to do anything.

You May Need to Know

- As of January 2006, if you have both Medicare and full Medicaid benefits, you will no longer receive drug coverage through Medicaid. Medicare will provide your prescription drug coverage instead of Medicaid. If you have Medicare and full Medicaid benefits and do not choose a plan by December 31, 2005, Medicare will enroll you in one. However, you will be able to change plans at any time.
- Medicare prescription drug plans are different from the Medicare-approved drug discount cards that were available in 2004 and 2005. You can use your Medicare-approved drug discount card until May 15, 2006, or until you join a Medicare prescription drug plan—whichever is first.
- If you have a Medigap (Medicare Supplement) policy with drug coverage, you will get a notice from your insurance company telling you whether

or not your policy is as good as or better than Medicare prescription drug coverage. This notice will explain your rights and choices.

- If you have prescription drug coverage from an employer or union, your employer or union will notify you about whether your current drug coverage is as good as or better than Medicare prescription drug coverage. If it is, you can keep your current drug coverage, and if you decide to join a Medicare prescription drug plan later, your monthly premium won't be higher. If you drop your current drug coverage and join a Medicare prescription drug plan, you may not be able to get your employer or union drug coverage back.
- If you live in a U.S. territory and have a limited income and limited resources, you may get extra help paying for your prescription drug costs.
- If you are in a nursing home, you may get your prescription drugs from a long-term care pharmacy that contracts with a Medicare prescription drug plan.
- Your Medicare prescription drug plan must notify you 60 days before taking one of your prescriptions off its list of covered drugs.
- In the fall of 2005 you will be able to get personalized information to help you find a plan that meets your needs by visiting www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Your State Health Insurance Assistance Program (SHIP) and other local organizations will also be able to help you with your drug coverage decisions.



These materials were prepared in March 2005 by the Centers for Medicare & Medicaid Services. They are intended for training purposes only and are not legal documents.

20. Medicare Prescription Drug Coverage

